



Delbert Hosemann
SECRETARY OF STATE



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate Andy Gipson
Address 414 Holly Grove Circle, Braxton, MS 39044 County Simpson
Telephone 601-949-4789 Fax 601-949-4804
Office Sought State Representative, District 77 Email Address gipson.andy@gmail.com

☐ Check here if above is different from previous report

☒ January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
All candidates, excluding judicial candidates on the
November 2016 General Election ballot.

____ Termination Report (Candidate will no longer accept contributions, make
Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting
obligations

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 8,550 +\$ 1,700	\$ 10,250	\$ 10,250
Total amount of disbursements	\$ 8,684.26 +\$ 942.60	\$ 9,626.86	\$ 9,626.86
Total amount of cash on hand		\$ 13,515.93	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Andy Gipson
Signature of Candidate

1-30-2017
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee: Andy Gipson
Reporting Period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Paradigm Healthcare Consultants, Inc.	10/19/16	\$ 1,000.00
Mailing Address		
P O Box 1490		
City, State, Zip Code		
Magee, MS 39111		
Name of Employer (Required)		
N/A		
Occupation (Required) N/A	Aggregate year-to-date	\$ 1,000.00
Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
MS Pawnbrokers PAC	10/19/16	\$ 500.00
Mailing Address		
1425 Terry Rd		
City, State, Zip Code		
Jackson, MS 39204		
Name of Employer (Required)		
N/A		
Occupation (Required) N/A	Aggregate year-to-date	\$ 500.00
Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Mississippi Physicians P.A.C.	10/11/16	\$ 1,000.00
Mailing Address		
404 West Parkway Place		
City, State, Zip Code		
Ridgeland, MS 39157		
Name of Employer (Required)		
N/A		
Occupation (Required) N/A	Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee: Andy Gipson
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ITEMIZED RECEIPTS

Source	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date	Amount of each receipt this period
Other (please specify) _____		(Mo., Day, Year)	
Full name			
The Clay Firm		10/19/16	\$ 500.00
Mailing Address			
P O Box 217			
City, State, Zip Code			
Jackson, MS 39205-0217			
Name of Employer (Required)			
N/A			
Occupation (Required)		Aggregate	
N/A		year-to-date	\$ 500.00
Source	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____		(Mo., Day, Year)	
Full name			
Mississippi Bail Agents Assn.		10/16/16	\$ 500.00
Mailing Address			
314 S President St., Suite 111			
City, State, Zip Code			
Jackson, MS 39201			
Name of Employer (Required)			
N/A			
Occupation (Required)		Aggregate	
N/A		year-to-date	\$ 500.00
Source	<input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date	Amount of each receipt this period
<input checked="" type="checkbox"/> Other (please specify) _____ Law Firm		(Mo., Day, Year)	
Full name			
Adams and Reese LLP		10/17/16	\$ 500.00
Mailing Address			
4500 One Shell Square			
City, State, Zip Code			
New Orleans, LA 70139			
Name of Employer (Required)			
N/A			
Occupation (Required)		Aggregate	
N/A		year-to-date	\$ 500.00

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ITEMIZED RECEIPTS

Source	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date	Amount of each receipt this period
Other (please specify) _____		(Mo., Day, Year)	
Full name			
Tyson		9/26/16	\$ 500.00
Mailing Address			
P O Box 2020			
City, State, Zip Code			
Springdale, Arkansas 72756-2020			
Name of Employer (Required)			
N/A			
Occupation (Required)		Aggregate	
N/A		year-to-date	\$ 500.00
Source	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____		(Mo., Day, Year)	
Full name			
Monsanto Company		8/18/16	\$ 250.00
Mailing Address			
800 North Lindbergh			
City, State, Zip Code			
St. Louis, MO 63167			
Name of Employer (Required)			
N/A			
Occupation (Required)		Aggregate	
N/A		year-to-date	\$ 250.00
Source	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date	Amount of each receipt this period
Other (please specify) _____		(Mo., Day, Year)	
Full name			
MS Assn of Realtors PAC – Special Corp Fund Account		10/19/16	\$ 1,000.00
Mailing Address			
P O Box 321000			
City, State, Zip Code			
Flowood, MS 39232-1000			
Name of Employer (Required)			
N/A			
Occupation (Required)		Aggregate	
N/A		year-to-date	\$ 1,000.00

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Reporting Period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
MS Dental PAC		\$ 500.00
Mailing Address		
430B Katherine Drive		
City, State, Zip Code		
Flowood, MS 39232		
Name of Employer (Required)		
N/A		
Occupation (Required) N/A	Aggregate year-to-date	\$ 500.00
Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
MAE-PAC		\$ 500.00
Mailing Address		
775 North State Street		
City, State, Zip Code		
Jackson, MS 39202		
Name of Employer (Required)		
N/A		
Occupation (Required) N/A	Aggregate year-to-date	\$ 500.00
Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Committee for Clean Environment and Fair Taxation		\$ 300.00
Mailing Address		
3009 N. State St.		
City, State, Zip Code		
Jackson, MS 39216		
Name of Employer (Required)		
N/A		
Occupation (Required) N/A	Aggregate year-to-date	\$ 300.00

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Reporting Period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Trey Bobinger		\$ 500.00
Mailing Address		
P. O. Box 3015		
City, State, Zip Code		
Jackson, MS 39201		
Name of Employer (Required)		
N/A		
Occupation (Required) N/A	Aggregate year-to-date	\$ 500.00
Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Centene Management Company LLC	10/11/16	\$ 500.00
Mailing Address		
City, State, Zip Code		
St. Louis, MO 63105		
Name of Employer (Required)		
N/A		
Occupation (Required) N/A	Aggregate year-to-date	\$ 500.00
Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Mississippi Bankers Association PAC	12/13/16	\$ 250.00
Mailing Address		
P O Box 1091		
City, State, Zip Code		
Jackson, MS 39205		
Name of Employer (Required)		
N/A		
Occupation (Required) N/A	Aggregate year-to-date	\$ 250.00

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Source	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date	Amount of each receipt this period
Other (please specify) _____		(Mo., Day, Year)	
Full name			
Norfolk Southern Corporation			\$ 250.00
Mailing Address			
Three Commercial Place			
City, State, Zip Code			
Norfolk, VA 23510-2191			
Name of Employer (Required)			
N/A			
Occupation (Required)		Aggregate	
N/A		year-to-date	\$ 250.00
Source	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____		(Mo., Day, Year)	
Full name			
			\$
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
N/A			
Occupation (Required)		Aggregate	
N/A		year-to-date	\$
Source	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date	Amount of each receipt this period
Other (please specify) _____		(Mo., Day, Year)	
Full name			
			\$
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
N/A			
Occupation (Required)		Aggregate	
N/A		year-to-date	\$

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Reporting Period January 1, 2016 through December 31, 2016

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
Full name		
Rankin County News	1/7/16	\$ 231.50
Mailing Address		
207 E. Government Street		
City, State, Zip Code		
Brandon, MS 39042		
Purpose of Disbursement (Optional) Advertisement	Aggregate year-to-date	\$ 231.50
	Date (Mo., Day, Year)	Amount of each disbursement this period
Full name		
J. Andrew Gipson	1/13/16	\$ 1,500.00
Mailing Address		
414 Holly Grove Circle		
City, State, Zip Code		
Braxton, MS 39044		
Purpose of Disbursement (Optional) reimbursement	Aggregate year-to-date	\$ 1,500.00
	Date (Mo., Day, Year)	Amount of each disbursement this period
Full name		
Mississippi Republican Party	2/29/16	\$ 2,000.00
Mailing Address		
415 Yazoo St.		
City, State, Zip Code		
Jackson, MS 39201		
Purpose of Disbursement (Optional) Contribution	Aggregate year-to-date	\$ 2,000.00

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ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
Full name		
Center for Pregnancy Choices	3/29/16	\$ 500.00
Mailing Address		
114 Office Park Plaza		
City, State, Zip Code		
Jackson, MS 39206		
Purpose of Disbursement (Optional) Contribution	Aggregate year-to-date	\$ 500.00
	Date (Mo., Day, Year)	Amount of each disbursement this period
Full name		
Mendenhall Chamber of Commerce	4/7/16	\$ 300.00
Mailing Address		
122 Court Avenue		
City, State, Zip Code		
Mendenhall, MS 39114		
Purpose of Disbursement (Optional) contribution	Aggregate year-to-date	\$ 300.00
	Date (Mo., Day, Year)	Amount of each disbursement this period
Full name		
Jerry's Fish House	4/15/16	\$ 345.00
Mailing Address		
3326 U.S. Highway 49		
City, State, Zip Code		
Florence, MS 39073		
Purpose of Disbursement (Optional) Event Catering	Aggregate year-to-date	\$ 345.00

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
Full name		
Bank of America	5/19/16	\$ 514.09
Mailing Address		
P. O. Box 15019		
City, State, Zip Code		
Wilmington, DE 19886-5019		
Purpose of Disbursement (Optional) Donation of Merchandise to MC Law School	Aggregate year-to-date	\$ 514.09
	Date (Mo., Day, Year)	Amount of each disbursement this period
Full name		
BankCorp South Card Services	5/19/16	\$ 1,072.17
Mailing Address		
City, State, Zip Code		
Tupelo, MS		
Purpose of Disbursement (Optional) Conference & Travel expenses	Aggregate year-to-date	\$ 1,072.17
	Date (Mo., Day, Year)	Amount of each disbursement this period
Full name		
Space Jump of Jackson	6/9/16	\$ 481.50
Mailing Address		
109 Priester Drive		
City, State, Zip Code		
Pearl, MS 39208		
Purpose of Disbursement (Optional) Sponsorship of Tent for Event	Aggregate year-to-date	\$ 481.50

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ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
Full name		
His Glory	6/11/16	\$ 400.00
City, State, Zip Code		
Morton, MS		
Purpose of Disbursement (Optional) contribution	Aggregate year-to-date	\$ 400.00
	Date (Mo., Day, Year)	Amount of each disbursement this period
Full name		
GSBC	7/10/16	\$ 500.00
Mailing Address		
Gum Springs Road		
City, State, Zip Code		
Braxton, MS 39044		
Purpose of Disbursement (Optional) Contribution	Aggregate year-to-date	\$ 500.00
	Date (Mo., Day, Year)	Amount of each disbursement this period
Full name		
May Design Creative	8/10/16	\$ 210.00
Mailing Address		
38 Peachtree Lane		
City, State, Zip Code		
Madison, MS 39110		
Purpose of Disbursement (Optional) Website maintenance	Aggregate year-to-date	\$ 210.00

Name of Candidate or Committee: Andy Gipson
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ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
Full name		
Minnie Holloway	9/25/16	\$ 300.00
Mailing Address		
City, State, Zip Code		
Mendenhall, MS 39049		
Purpose of Disbursement (Optional) honorarium	Aggregate year-to-date	\$ 300.00
	Date (Mo., Day, Year)	Amount of each disbursement this period
Full name		
Magee Lions Clubs	11/2/16	\$ 330.00
Mailing Address		
City, State, Zip Code		
Magee, MS 39111		
Purpose of Disbursement (Optional) Membership Dues	Aggregate year-to-date	\$ 330.00
	Date (Mo., Day, Year)	Amount of each disbursement this period
Full name		
		\$
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$